



# Montana Nurses Association Approved Provider Newsletter July, 2020



## Results of Educational Activity Assessment

Thanks to all of you who participated in the recent provider virtual workshops, and specifically the activity file review exercise. This was an incredibly valuable opportunity for you to assess your own knowledge and skill in working with ANCC accreditation program educational design criteria and for us to identify areas of strength and opportunities for improvement in how we support professional development for you as nurse planners. Additionally, your nurse peer review colleagues completed the same exercise, so we have comprehensive data across the spectrum of those who use the criteria. There were a total of 48 nurse planners/workshop participants and 12 nurse peer reviewers who completed the exercise.

We had two goals in mind as we developed this activity – we wanted everyone to achieve at least an 85% accuracy in the file review, and we wanted to see congruence between the responses of nurse planners and nurse peer reviewers. We achieved half of the goal! We did find that there was high congruence in the scores of nurse planners and nurse peer reviewers. This is significant because both groups need to be looking at criteria in the same way in order for the peer review process to be effective. While there were some differences in which criteria were identified as not being met, the overall review scores were almost identical. We didn't do as well in terms of the accuracy of reviews. The average scores were just below 80%, so we have a need for improvement there.

Our individual activity applicants are required to have addressed each requirement with 100% accuracy before we can approve their activity for awarding of contact hours. Why should the standard for approved providers be any less? We realize that there are occasionally things that might be missed in the planning, implementation, and evaluation processes or in the documentation of the work that is done, so a little “wobble room” makes sense. However, an expectation that all approved provider nurse planners and nurse peer reviewers should have at least 85% accuracy in their work is not unrealistic. We'll keep that as our goal, continue to provide you with guidance and support in increasing the quality of this work, and monitor activity files submitted with your self-studies as evidence of improvement.

You each received individual feedback, with rationale for things that were scored differently than the correct responses. You did not receive individual scores, but we calculated those for our own use, based on dividing the number of accurate responses by the total number of responses (27). Some of you have held (or plan to hold) nurse planner discussions about the exercise and how you can work to improve your own internal processes. Excellent idea! If there are ways we can help you, please let us know. If you are a primary nurse planner and would like aggregate data for your nurse planners who completed the exercise, let us know and we can provide that for you.

Here are some of the key points from our analysis of the data:

1. The average score for nurse planners was 78.35; the average score for peer reviewers was 77.

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2. There was very little variation in the scores of the three workshop groups that completed the exercise: those who were in the March 30 group averaged 76.25, the May 4 group averaged 79.8, and the June 18 group averaged 79. The overall range was 52-96.
3. The two most commonly missed items related to managing conflict of interest. Very few of you have dealt with COI situations, which means that the nurse peer reviewers don't often see them in their review of files. Specifically related to this activity scenario:
  - a. When an individual has an employee relationship with a commercial entity whose products are related to the topic, the only acceptable resolution is removing that person from the activity if contact hours are to be awarded. Accreditation criteria, specifically related to content integrity, require that an individual who is an employee of a commercial entity not have the ability to control content in any way – as a planner, content reviewer, or speaker/author. It doesn't matter whether the person plans to talk about the products of the company – simply the fact that the products of the company are related to the topic is grounds for eliminating that individual from the activity. Alternatively, the provider may continue with that person's involvement and not provide contact hours for the activity. This is an important consideration, because employees of commercial entities are sometimes the best people to provide evidence-based content that is needed to close gaps identified among the learner group.
  - b. When an individual does have a conflict of interest that has been appropriately resolved to permit that person to continue to be involved with the activity, disclosure of that COI must be provided to learners. ANCC accreditation criteria require that three items, and only those three items, be included in the disclosure: the name of the individual, the type of relationship, and the name of the commercial entity. An example would be "Joe Smith is on the speakers' bureau for ABC Pharmaceutical Company". Additional information added to that statement can create confusion and/or serve to promote the company.
4. A few additional tips:
  - a. A gap analysis statement should be a very specific statement of the problem: Nurses are not aware of new guidelines for care of patients with "X". A number of you wanted more information in the gap section in order for it to meet criteria. You're creating more work for yourselves than needed! Think of gap identification as the root cause of the issue – what's the bottom line problem? The evidence section of the planning form is where you can identify the reason for the existence of the problem, the supporting data, and how you know that education is the right approach to addressing the problem.
  - b. References must be provided to support the content of the activity. There are two areas where you might do this – as part of the evidence supporting the need for the activity, and in the content section to show that content to be delivered is based on fair, balanced, and current data. Some nurse planners say they're waiting for speakers to send references – you can certainly ask speakers for their references, but it's the accountability of the nurse planner to know about appropriate references, as well. It is not required to list every reference the speaker submits – generally, you'll want 2-5 references in your planning document that support the value of the content in helping learners achieve the desired outcome for the activity. Similarly, there are no

accreditation criteria around the “age” of the reference. Logical thinking will typically tell you whether a 2009 article on COPD would be relevant based on 2020 standards of care.

- c. Criteria for successful completion appear twice in an activity file: as part of your decision about what learners have to do in order to earn their contact hours, and in the disclosures provided to learners before they begin the educational activity. These must be congruent! When you think about the requirements for learners to meet in order to earn contact hours, you are basing that decision on having evidence to show that they have engaged in the activity and demonstrated evidence that they have met (or not) the expected outcome. You then share that plan with learners so they clearly understand what is expected of them. The disclosure becomes a form of contract between you and the learner, with each party expected to adhere to the expectations. Failure to do so can result in liability for the nurse planner.
- d. A summative evaluation must include two components: a description of the analysis of data showing whether the outcome for the activity was achieved, and what the nurse planner learned from this activity that has implications for a repeat of the activity or for other activities in the future. Learner satisfaction does not provide evidence of outcome achievement, and simply keeping a file of individual learner evaluation comments in the file does not constitute a summative evaluation.

Granted, this exercise was about documentation. While the main function of a nurse planner is to critically analyze data and adhere to accreditation criteria when planning, implementing, and evaluating an activity, the activity file documentation provides evidence of the quality of work that was done. Similarly, in a patient care situation, the focus of the nurse is critical analysis and intervention to meet the needs of the patient, with the EMR documentation providing evidence of the quality of care provided. Evidence in a court of law includes the medical record; evidence in accreditation criteria includes the activity file. Accurate documentation in either case is a reflection of the quality of work that was done.

Thanks again for participating in this exercise. Our hope is that it will stimulate and energize you to continue your own professional development in the delivery of quality nursing continuing education activities.

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## **NPD Practitioners: Leaders in Self-Care**

During this unprecedented time of uncertainty, it is important that we focus on our own self-care. Provision 5 of the ANA Code of Ethics for Nurses states, “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (ANA, 2015, p.19). From this statement, self-care and health promotion is a duty of nursing professional development practitioners. As leaders in professional development, we model

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professionalism and represent standards of quality in our work. Practicing self-care behaviors assists in maintaining our own health while being a role model for others.

Self-care looks different for each person and might include exercise, meditation, or simply spending time with family. If we pay attention to our own emotional, psychological, and physical responses to stress, we are better able to apply strategies to relieve stress. As we are navigating through this difficult time, consider ways that you can implement self-care behaviors. Ensuring that we care for ourselves is vital in our roles as NPD practitioners.

There are several resources available to help support NPD practitioners:

- ANA: Covid-19 Self-Care Package for Nurses <https://www.nursingworld.org/continuing-education/anas-covid-19-self-care-package-for-nurses/>
  - Free webcast recordings
    - Nursing Ethics: Strategies to Resolve the Top Ethical Dilemmas Nurses Face
    - Moral Resilience
    - Dealing with Fatigue: Strategies for Nurse Leaders
    - Promoting Nurse Self-Care: Emotional and Mental Wellbeing
    - A Nurse's Guide to Preventing Compassion Fatigue, Moral Distress, and Burnout
- New Resources Added--ANPD: COVID-19 Resources for NPD Practitioners <https://www.anpd.org/page/covid-19-resources>
  - Send a Virtual High Five to an NPD Practitioner
  - Free webinar recordings
    - Preparing for Educational Emergencies
    - Optimizing Nursing Staff During a Pandemic
    - Getting Creative with Professional Development
  - Discussion Forums
- CNE by MNA <https://cnebymna.com/online-courses/>
  - Free article included self-care approaches with reflection questions
    - What Would Florence & Her Colleagues Do?
  - More wellness and resiliency topics coming soon!

Suggested References:

American Nurses Association (ANA). (2015). Code of ethics for nurses with interpretive statements. Retrieved from <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

Woolforde, L. (2019). Beyond Clinical Skills-Advancing a Healthy Work Environment. *Journal for Nurses in Professional Development* 35(1), 48-49.

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## **MNA Staff Transitions**

Montana Nurses Association is accredited with distinction as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

We are very excited to have Kristi Anderson, MN, RN, NPD-BC, CNL, join our team as the new MNA Director of Professional Development. Pam Dickerson will be retiring toward the end of the year. During Kristi's orientation, Pam will continue in the role of lead nurse planner for MNA's accredited provider unit and Nurse Peer Review Leader for MNA's accredited approver unit. Caroline Baughman continues to be the "glue" for the professional development department in her critical role as professional development associate. For the time being, please continue to email or call Caroline with logistical and operational questions, and contact Pam for questions about accreditation-related aspects of your approved provider unit's functions. We will gradually be transitioning responsibility and accountability to Kristi and will keep you updated as our transition progresses. Thank you for your understanding and support.

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## References and Resources

Here are some references and resources that you might find helpful in your provider unit work. Please mail us if you have something you would like to share with your colleagues.

Forbes, T., Scott, E., & Swanson, M. (2020). New graduate nurses' perceptions of patient safety: describing and comparing responses with experienced nurses. *Journal of Continuing Education in Nursing* 51(7), 309-315.

Laflamme, J., & Hyrlas, K. (2020). New graduate orientation evaluation: Are there any best practices out there? A scoping review. *Journal for Nurses in Professional Development* 36(4), 199-212.

Peterson-More, D. (2020). Workplace communications: To be understood or not to be understood. Retrieved from <https://trainingmag.com/workplace-communications-be-understood-or-not-be-understood/>

Russell, J., & Dickerson, P. (2020). Professional development associate: Resource update. Retrieved from <https://journals.lww.com/jnsdonline/toc/publishahead>

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## NARS

How is NARS going for all of you? Do you have any questions or issues staying up-to-date? How was the transition from live to virtual for any activities that applied to?

**Have something you think would be a good topic for the NARS Corner?** Email me at [caroline@mtnurses.org](mailto:caroline@mtnurses.org)

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# National Professional Development Conferences in 2020 – 2021

ANPD Virtual Convention – September 14-17, 2020; registration information available at [www.anpd.org/page/virtual-convention-2020](http://www.anpd.org/page/virtual-convention-2020)

Alliance for Continuing Education in the Health Professions Annual Conference – January 13-16, 2021 – Orlando, FL (maybe) – information at [www.acehp.org](http://www.acehp.org)

ANPD Annual Convention – April 19-22, 2021 – Atlanta, GA (we hope)

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**Find self-study modules for nurse planners at:**



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